

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER
MAYOR



ODIE DONALD II
ACTING DIRECTOR

ADMINISTRATIVE HEARINGS DIVISION

STIPULATION FORM

CASE NAME: _____

AHD NO.: _____

ADMINISTRATIVE LAW JUDGE: _____

	CONTESTED	STIPULATED	NO CONTEST
Employer/Employee Relationship-§32-150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jurisdiction-§32-1503	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Injury or Onset _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average Weekly Wage-§32-1511 \$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arising out of and in the Course/Causal Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Notice of Injury-§32-1513	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Claim-§32-1514	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penalties/Timely Controversion-§32-151	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature and Extent of Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Cooperate-§32-1507	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Limitation of Income-§32-1508	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penalties-Unreasonable Delay/Costs-§32-1528	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaliatory Discharge-§32-1542	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonableness and necessity of medical expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Claim for Relief:	FROM	TO	
Temporary Total Disability	_____	_____	Schedule Award
Temporary Partial Disability	_____	_____	Max Med Improvement _____ At% _____
Permanent Total Disability	_____	_____	Causally Related Medicals _____
			Modification §32-1524 of Compensation Order dated _____
Voluntary Payment of Compensation:	FROM	TO	
TTD	_____	_____	
PTD	_____	_____	
TPD	_____	_____	
PPD	_____	_____	